DIVISION OF
**PROFESSIONAL
REGULATION**
DEPARTMENT OF STATE
ENFORCING PROFESSIONAL STANDARDS
★★★

CANNON BUILDING
861 SILVER LAKE BLVD., SUITE 203
DOVER, DELAWARE 19904-2467

STATE OF DELAWARE

BOARD OF CHIROPRACTIC

TELEPHONE: (302) 744-4500
FAX: (302) 739-2711
WEBSITE: DPR.DELAWARE.GOV
EMAIL: customerservice.dpr@state.de.us

REQUEST FOR PRE-APPROVAL OF CONTINUING EDUCATION

INSTRUCTIONS

When to Submit

Complete this form to request approval of an organized educational activity intended to fulfill the continuing education (CE) requirements for maintaining a Chiropractic license in Delaware. Either Delaware-licensed Chiropractors or program providers may submit a request. The Board must pre-approve CE hours before you apply for renewal.

The Delaware Board of Chiropractic automatically approves any course related to the practice of chiropractic, *other than courses on practice management or state laws other than Delaware law,* when the course is sponsored or presented by a chiropractic college accredited by the Council on Chiropractic Education (CCE) or by any other national or state chiropractic organization. ***If the course is sponsored or presented by a CCE-accredited college or another national or state chiropractic organization, STOP. You do not need to submit this form.*** Note that **no credit** is given for a course, or part of a course, that deals with practice management or state laws other than Delaware law, regardless of what organization sponsors or presents it.

For full details on continuing education requirements, see Section 2.0 of the Board's Rules and Regulations.

Documentation Required

- ☐ Completed request form.
- ☐ ***If request is submitted by a course provider, enclose fee of $35 by check or money order payable to "State of Delaware." If a Delaware-licensed Chiropractor submits the request, no fee is required.***
- ☐ Enclose a *complete, detailed course outline* that includes the lesson plan and typical timetable of the course, including all scheduled breaks. Also enclose all final or draft advertisement brochures and/or promotional materials, if used.
- ☐ Enclose resume or *curriculum vitae* (CV) for each presenter.

REQUESTER COMPLETES THIS SECTION

1. Is the sponsor of this course/program a CCE-accredited chiropractic college? Yes ☐ No ☐ If yes, **STOP**. **Do not submit this request.** Courses presented by CCE-accredited chiropractic colleges are automatically approved.

2. Is the sponsor a national or state chiropractic organization, such as a state chiropractic association? Yes ☐ No ☐ If yes, **STOP**. **Do not submit this request.** Courses presented by state and national chiropractic organizations are automatically approved.

3. Requester (check one):   ☐ Course Provider   ☐ Delaware-licensed Chiropractor

4. If you are a Delaware-licensed Chiropractor requesting approval of a course, enter:

   Your Name: _____ Delaware License #: **F1** - _____

   Phone: _____ Email: _____@_____

5. If you are a Sponsor requesting approval of a course, enter:

   Sponsored by: _____

   Contact Person: _____ Email: _____@_____

   Address: _____ _____ _____ _____
                                   Street   City   State   Zip code

   Phone: _____ Fax: _____ Website URL: _____

6. Program Title: _____

7. Program Location: _____

8. Program Date(s): _____

Enclose a *complete, detailed course outline* that includes the lesson plan and typical timetable of the course, including all scheduled breaks. Also enclose all final or draft advertisement brochures and/or promotional materials, if used.

9. List Program Presenter(s):

    Enclose resume or *curriculum vitae* (CV) for each presenter.

PRESENTER NAME	TITLE

10. Is proof of completion provided (i.e., Certificate)?   Yes ☐ No ☐

11. **Total Contact Hours Requested (Excluding Breaks) _____**

Submit this application, fee (if applicable) and all supporting documentation to the Delaware Board of Chiropractic at the address above. If you have questions, email: customerservice.dpr@state.de.us.

BOARD OFFICE COMPLETES THIS SECTION

Board Review Date: _____

☐ Approved for _____ hours.   Approval Expires: _____

☐ Tabled - List reason(s) below.   ☐ Denied – List reason(s) below.

The above request was denied or tabled for the following reason(s):

_____

_____